



*THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES*

***DIVISION OF HEALTH CARE FINANCE AND POLICY***

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**ADMINISTRATIVE BULLETIN 2003-7**

**Nursing Facility User Fee**

**Purpose:** This is to clarify the Nursing Facility User Fee filing and payment requirements under 114.5 CMR 12.00, Nursing Facility User Fees.

**Reporting and Filing Requirements:** Each Nursing Facility must register with the Division by submitting a Nursing Facility Assessment Information form (enclosed). Most nursing facilities have already submitted this information. If you have not completed this form, please contact the Division at (617) 988-3299.

Each Nursing Facility must file the enclosed Nursing Facility Quarterly User Fee Form (QUF) and payments by the dates listed below. Although the payment due for the quarter endings 12/31/02 and 3/31/03 are due on or before June 16, 2003, the Nursing Facility Quarterly User Fee Forms for the two quarters are due on or before June 16, 2003 and June 18, 2003, respectively. The two QUF due dates will allow electronic filers to utilize the quarterly QUF INET System. After this initial catch up period, nursing facilities will be required to file on a quarterly basis. For Fiscal Year 2003, the User Fee is **\$9.60** per Non-Medicare patient day.

**Electronic Filing:** Nursing facilities are encouraged to file the Nursing Facility Quarterly User Fee Form electronically via the Division's INET internet website. In order to take advantage of INET, the nursing facility must sign a Non-Confidential Data Reporting Security Agreement. The Data Reporting Security Agreement (enclosed) is also available on the Division's website at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). The Non-Confidential Data Reporting Security Agreement must be submitted to the Division of Health Care Finance and Policy, 2 Boylston Street, Boston, MA 02116, Attention NH INET, at least 10 days before the due date in order to process the application.

In the event that the nursing facility cannot file the form electronically, a paper copy can be mailed to the **Division of Health Care Finance and Policy, 2 Boylston Street, Boston, MA 02116; Attention: Administration Rating Group.**

**Payment and filing Due Dates:**

<u>Quarter</u>	<u>Payment Due Date</u>	<u>QUF Due Date</u>
10/01/02 - 12/31/03*	06/16/03*	06/16/03*
01/01/03 - 03/31/03*	06/16/03*	06/18/03*
04/01/03 - 06/30/03	08/01/03	08/01/03
07/01/03 - 09/30/03	11/01/03	11/01/03

**\* One check should be written for these two quarters and mailed with the Renewal Notice (payment coupon). The total payment should equal the Quarterly User Fee combined for reporting quarters ending 12/31/02 and 3/31/03. (See User Fee Payments below.)**

**User Fee Payments:** Each nursing facility will receive a payment coupon called a "Renewal Notice" from the Commonwealth of Massachusetts. The Renewal Notice will be mailed on the tenth day of the month following the end date of each reporting quarter and should be received no later than the fifteenth day of the month. (Renewal Notices for the payment due on 6/16/03 should be received by June 6, 2003.) The nursing facility must write the amount due on the line entitled "Amount Enclosed". This amount must equal the value calculated on the Nursing Facility Quarterly User Fee Form. No other information may be included on the face of the notice. Do not staple the payment to the notice. Please make your check or money order payable to the **Commonwealth of Massachusetts**. Write the customer number that appears on the Renewal Notice on the front of the check or money order. **Payments must be mailed along with the original remittance portion of the Renewal Notice to the address specified on the notice.** It is the payer's responsibility to contact the Division of Health Care Finance and Policy at (617) 988-3100 for guidance on submitting the payment if the Renewal Notice has not been received within the expected time period prior to the due date.

Each nursing facility must file a check, Renewal Notice (payment coupon) and Quarterly User Fee Form for each facility. This same standard applies to nursing facilities that are owned or managed by management companies. **Hard copy Quarterly User Fee forms get mailed to a different address than the payments.**

**QUF: 2 Boylston Street, Boston, MA 02116**

**Payments & Renewal Notice: Address on Renewal Notice**

**Penalties:** The Division will invoice all late payers and non-filers for the user fee payments due. The Division will estimate the amount due based on the best information available to the Division and will be subject to penalties. The Division may assess interest on late payments at an annual rate of eighteen (18) percent-compounded monthly. The Division may also impose a late fee penalty of five (5) percent of the payment for each month or portion of a month the user fee is unpaid. Payments will be considered late if they are not received by the scheduled due dates above. Nursing facilities will be charged a nominal fee for returned checks. The Division may also notify the Department of Public Health to revoke the license of a nursing facility that fails to pay the required user fee.

**Audits:** The Division may audit nursing facility records to determine if the nursing facility paid the correct amount. The Division may impose penalties if a nursing facility fails to produce documentation as requested by the Division or for any underpayments.

**Change of Ownership:** Each nursing facility must register with the Division by completing a Nursing Facility User Fee Information Form. If there is a change of ownership, the buyer must notify the Division and complete a new Information Form.

If you have any questions about the filing and payment process, please contact the Division's provider assistance line at (617) 988-3299.